

001 DEFINITIONS AND BASIS REQUIREMENTS

001.01 Definitions. As used in these standards, unless the context to be intelligible or to prevent absurdity otherwise requires:

001.01A Irreversible, far-advanced renal failure, or so-called chronic renal disease, is defined as that stage of renal functional impairment which can no longer be favorably influenced by conservative management and which requires dialysis (hemo- or peritoneal) or transplantation to maintain life and health. The diagnosis of chronic renal disease may need to be established or confirmed through: (a) the distinction between acute reversible renal insufficiency and chronic renal disease; (b) the exclusion of certain chronic systemic or localized disorders of the extrarenal or intrarenal vasculature, renal parenchyma or urinary excretory system which might be corrected by medical or surgical treatment; (c) the observation and monitoring of the patient with progressive loss of renal function from renal disease of known or unknown etiology, with demonstrated failure of the process to stabilize or improve despite all reasonable and appropriate therapy.

001.01B Department shall mean the Department of Health of the State of Nebraska.

001.01C Patient shall mean a person suffering from a chronic renal disease who requires life saving care and treatment for such renal disease, but who is unable to pay for such services on a continuing basis and participates in the Nebraska Chronic Renal Disease Program.

001.01D Program shall mean the Nebraska Chronic Renal Disease Program, formulated and administered by the Nebraska Renal Disease Advisory Committee and the Department of Health of the State of Nebraska for the purpose of assisting persons suffering from chronic renal disease who require life saving care and treatment for such renal disease but who are unable to pay for such services on a continuing basis.

001.01E Third Party Payer shall mean any individual, firm, partnership, corporation, company, association or any other entity responsible for, or otherwise under an obligation to provide, the payment of all or part of the cost of the care and treatment of a person suffering from chronic renal disease; but such term shall not mean the person suffering from chronic renal disease himself, any health care practitioner or facility providing services to such person, or the Department of Health.

001.02 Basic Requirements. An individual suffering from chronic renal disease, in order to be eligible to participate in the Nebraska Chronic Renal Disease Program, must meet the following basic requirements:

001.02A He must be a bona fide resident of the State of Nebraska.

001.02B He must not be able to pay the total cost of such needed care and treatment without depriving himself or those legally dependent upon him for their necessities of life.

001.02C He shall not have deprived himself, directly or indirectly, of any property for the purpose of qualifying for assistance.

001.02D He shall not have relatives legally responsible to provide such care and treatment who refuse or neglect to provide such care and treatment in whole or in part without good cause.

001.02E He must be a proper candidate for such care and treatment, including being willing to receive such care and treatment.

Such person must also comply with the specific requirements of these standards.

002 TREATMENT FACILITIES

002.01 General. There shall be an integrated Nebraska Chronic Renal Disease Program which shall provide patient care and treatment through Renal Transplant Centers, Renal Disease Centers, Renal Dialysis Satellites, Limited Care Dialysis Facilities, and Home Dialysis Programs. These components of the Nebraska Renal Dialysis Program shall be subject to the approval and quarterly review of the Renal Disease Advisory Committee. Consultation with the Comprehensive Health Planning Agency is required.

002.02 Home Dialysis

002.02A Definition. Home Dialysis shall mean a mode of renal dialysis performed at the patient's place of residence. Home dialysis is recognized as an effective method of treatment and should be

implemented whenever the patient's condition and history indicate that a Home Dialysis Program is desirable.

002.02B Training Center. A Dialysis Training Center will be designated by the Renal Disease Advisory Committee after individual review of staffing, space, equipment and expertise required to carry out an ongoing Home Dialysis Training Program.

002.02C Operation. A Home Dialysis Program shall be carried out only in conjunction with a Dialysis Training Center. Equipment and supplies must be prescribed by the director of the Dialysis Training Center, subject to approval by the Renal Disease Advisory Committee.

002.02D Responsibility for Patients. The director of a Dialysis Training Center shall assume responsibility for all home dialysis patients and shall certify patients for home dialysis with the approval of the Renal Disease Advisory Committee.

002.02E Records. Records of each patient's course of treatment must be kept by the Dialysis Training Center and are subject to the quarterly review of the Renal Disease Advisory Committee.

002.03 Limited Care Dialysis Facility

002.03A Definition. A Limited Care Dialysis: Facility shall mean a facility which provides an alternative to hospital dialysis and which provides minimal care to patients who cannot maintain a home dialysis program.

002.03B Supervision of Patients. A Limited Care Dialysis Facility shall provide minimum care and supervision of patients who are determined to be suitable for this mode of treatment.

002.03C Operation. A Limited Care Dialysis Facility shall be operated only in conjunction with a Renal Disease Center. Each Limited Care Dialysis Facility and its personnel must be approved by the director of a Renal Disease Center and by the Renal Disease Advisory Committee. Applications shall be considered on an individual basis.

002.03D Review of Patients. A periodic review of each patient's course of treatment shall be completed in conjunction with a Renal Disease Center. A quarterly report shall be made to the Renal Disease Advisory Committee.

002.04 Renal Dialysis Satellite

002.04A Definition. A Renal Dialysis Satellite shall mean a hospital facility which provides necessary renal dialysis treatment in or near

a patient's home community when it is not feasible for the patient to receive treatment in a Renal Disease Center.

002.04B Relationship to Center. Each Renal Dialysis Satellite will be evaluated on an individual basis. It must function in a close working relationship with an approved Renal Disease Center whose director shall assume responsibility for maintaining standards. Responsibility shall be delegated to a physician selected on an individual basis according to local circumstances.

002.04C Commitment. There must be a definite, written commitment from the Satellite's hospital administration for adequate space and appropriate salaries for personnel required for an ongoing program for no less than a three-year period in order to be approved.

002.04D Equipment and Methodology. The equipment and methodology for satellite dialysis must meet the approval of the Renal Disease Advisory Committee. A protocol detailing standards, goals, and means of internal review and assessment of the patient's progress must be available. Participating satellites must submit quarterly reports for review by the Renal Disease Advisory Committee.

002.05 Renal Disease Center

002.05A Definition. A Renal Disease Center shall mean a unit established within, affiliated with, or existing as a part of a hospital duly licensed by the Department of Health or a federal hospital accredited by the Joint Commission on Hospital Accreditation and which has demonstrated a high level of competence in relevant medical and technical disciplines regarding renal dialysis. In the designation of a Renal Disease Center, the following factors shall be considered: the number of patients to be served, the geographic location, and the influence of these factors upon the cost and quality of care.

002.05B Director. The director of a Renal Disease Center shall be a qualified medical specialist with a major continuing professional commitment to the care and treatment of renal disease and who has had appropriate training or equivalent experience in nephrology.

002.05C Personnel. The personnel of a Renal Disease Center shall consist of a team of qualified medical specialists. For example, there must be trained specialists for the sequential assessment of patients with progressive renal failure to perform, among other evaluations, urologic, psychiatric, hematologic, neurologic and endocrine studies as well as necessary histopathologic techniques for renal biopsy interpretation. Other members of the team shall include persons skilled in dialysis techniques, social service, and dietetics.

002.05D Commitment. There must be a definite, written commitment from the Center's hospital administration for adequate space and appropriate salaries for dialysis personnel for no less than a three-year period in order to be approved.

002.05E L Equipment and Methodology. The equipment and methodology for dialysis shall be optional but must be of a nationally recognized quality. A protocol for their use should be prepared and available for review by the Renal Disease Advisory Committee. This protocol should include standards, goals, and a formal means of internal review and assessment of the patient's progress.

002.05F Record Keeping. The record keeping techniques of the dialysis center shall be available for review; participating institutions must agree to submit all appropriate medical records to the Renal Disease Advisory Committee for quarterly review.

002.05G Center Responsibilities. A Renal Disease Center shall be capable of providing all physical facilities, professional consultation, personal instruction, medical treatment and care, drugs, dialysis equipment, and supplies necessary for the carrying out of a medically sound renal dialysis program, as well as the proper training and supervision of medical and supporting personnel.

002.05H Services to Sub-Units. A Renal Disease Center shall provide all required medical, professional, and administrative assistance and supervision to the Renal Dialysis Satellites, Limited Care Dialysis Facilities, and Home Dialysis Programs as designated by the Renal Disease Advisory Committee.

002.06 Renal Transplant Center

002.06A Definition and Purpose. The Nebraska Chronic Renal Disease Program recognizes that transplantation is the most desirable method of treatment for most renal patients. Therefore, the Renal Disease Advisory Committee, after careful review, shall designate a Renal Transplant Center, the primary purpose of which will be to expedite ultimate transplantation. The Transplantation Center shall be established within, affiliated with, or existing as a part of a hospital duly licensed by the Department of Health or a federal hospital accredited by the Joint Commission on Hospital Accreditation.

002.06B Evaluation and Re-evaluation of Patients. Primary emphasis will be placed in evaluation of patients for transplant. Evaluation and tissue-typing of each patient should be carried out by the Transplant Center as soon as possible. Re-evaluation should occur quarterly to insure that the Transplant Center is aware of the patient's progress.

002.06C Requirements. Generally a Transplant Center shall provide the following:

002.06C1 All diagnostic and treatment facilities for patients with forms of kidney disease.

002.06C2 Acute hemodialysis facilities for pre-transplant and post-transplant treatment.

002.06C3 Consultative services to provide for all problems related to transplantation and treatment of patients with end-stage renal disease.

002.06C4 Tissue-typing laboratory with appropriate space and resources to perform required histocompatibility testing and crossmatch.

002.06C5 An organ procurement system capable of procuring an adequate number of organs for the transplant program.

002.06C6 An organ preservation program.

002.06C7 An adequately equipped operating room and a care unit capable of monitoring the transplant patient.

002.06C8 Staffing and expertise sufficient to carry out the transplant program as determined by the Renal Disease Advisory Committee.

003 MEDICAL CRITERIA FOR PATIENT SELECTION

003.01 Medical Eligibility Determination. Medical eligibility of a patient for selection as a participant in the Nebraska Chronic Renal Disease Program, the purpose of which is to assist in the care and treatment of persons suffering from chronic renal disease, shall be determined by a qualified medical specialist who is treating the patient and who certifies that the patient meets the criteria for Chronic Renal Disease as defined in part 001.01A. The physician shall agree to accept responsibility for the medical supervision and coordination of the patient's care and shall also agree to periodic reports as requested by the Department. All cases shall be subject to approval and continuous review by the Renal Disease Advisory Committee and may be considered on an individual basis.

003.02 Rejected Renal Transplants. Patients who have rejected renal transplants will be accepted for care by means of either long-term daily or short-term care while awaiting another kidney so long as all of the criteria outlined in section 003 are met.

004 PATIENT FINANCIAL ELIGIBILITY

004.01 Committee Review. Patient financial eligibility criteria shall be under continuous study and review by the Nebraska Renal Disease Advisory Committee and the Department, and revisions will be made to section 004 when necessary. When there is difficulty in determining patient financial eligibility, the case should be presented to the Nebraska Renal Disease Advisory Committee or a designated subcommittee for review and recommendation.

004.02 Limitation on Assistance. The Department will assist patients, within budget limitations, who are unable to pay for their own care in whole or in part, pursuant to the following income, estate, and patient participation tables:

Number in Family	1	2	3
Total Annual Income of no more than	\$6,300	8,300	\$9,200
(Standard Budget Allowance):			
(For families of more than 6, add \$400 for each additional member.)	4	5	6
	\$10,000	\$10,800	\$11,300

STANDARD BUDGET ALLOWANCE

<u>Amount over Adjusted Needs</u>	<u>.Amount of Patient Participation</u>
0 -99	00.00
100 -199	20.00
200 -299	40.00
300 -399	60.00
400 -499	80.00
500 -599	105.00
600 -699	130.00
700 -799	160.00
800 -899	190.00
900 -999	220.00
1000 - 1099	250.00
1100 - 1199	290.00
1200 - 1299	325.00
1300 - 1399	365.00
1400 - 1499	410.00
1500 - 1599	450.00
1600 - 1699	495.00
1700 - 1799	530.00
1800 - 1899	595.00
1900 - 1999	645.00
2000 - 2099	700.00
2100 - 2199	755.00

Amount over Adjusted Needs	Amount of Patient Participation
\$2200 - 2299	\$810.00
2300 - 2399	870.00
2400 - 2499	935.00
2500 - 2599	995.00
2600 - 2699	1060.00
2700 - 2799	1130.00
2800 - 2899	1200.00
2900 - 2999	1270.00
3000 - 3099	1345.00
3100 - 3199	1402.00
3200 - 3299	1495.00
3300 - 3399	1575.00
3400 - 3499	1660.00
3500 - 3599	1740.00
3600 and over	Fifty Percent (50%)

The above patient participation table shall be used as a minimum; Income Criteria may be adjusted according to the cost of living.

004.03 Medical Fees. All fees paid by the Department for medical and related charges for services to participants in the program shall not exceed the following fee schedule:

Institutional Dialysis	\$198.00
Home Dialysis	90.00
Training Dialysis	220.00 (limited to six weeks)

All medical services must be prescribed, before authorized and performed, by a licensed practicing physician possessing appropriate specialized knowledge in the diagnosis and treatment of renal disease.

004.04 Patient Resources - Exclusions. The following exclusions shall be made concerning a patient's resources:

004.04A Personal property such as income-producing equipment, inventory of a small business, or tools should not be considered a resource if such property is needed to produce income during or following rehabilitation services.

004.04B Ownership of residence and contiguous land will be regarded as the patient's homestead and will not be considered a resource.

004.04C Personal property such as household furniture, life insurance policies, and an automobile should not be considered in determining economic need.

004.04D Property should not be considered as a resource when it represents an income-producing enterprise and the net income derived therefrom is within the normal living requirements.

004.05 Third Party Payers. The Department shall not pay for any patient care or treatment to the extent that assistance is available through other sources - public or private - or that third party payers are required to provide the same.

SOURCE: Section 71-4903(1)